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Immunohistochemical Markers and the Clinical Course of Adenosarcoma; A Series of Seven Cases

Winston Vo

Nashville General Hospital (USA)

When viruses infect host cells or organs, the dysfunction of these parts (or tumors) is a result. We name it “a tumor” then we tackle it as a cancer issue! Very straightforward: it works for Ebola.

We have options in oncology: Surgery, Radiation, Chemotherapy, and Immunotherapy. Depending on the rate of its spread, we use one or a combination of those treatments. The rate of success depends on the stage (spread of tumors).

Infection with COVID-19 virus often causes a severe acute respiratory syndrome. We could consider it as a lung cancer, and treatment plans for it are already well-established in the field of oncology. It’s a virus, so the patient should be considered a candidate for treatment with immunotherapy (or vaccines) based on our body’s defense against cancer.

The genomes (DNA) of viruses are very useful information in developing vaccines. Personalized medicine (or pharmacogenomics) is now a new trend in developing drugs and treatment plans for each individual patient.

The COVID-19 virus is strong (aggressive) and bold in China as it escaped from its laboratory. The Chinese Government didn’t let outsiders (other countries) help out. As it first released the genomes of this virus, the United States came up a vaccine for it in a couple of days. The skills and technologies in the United States are in favor to tackle this problem. The question now: “Is the information about these genomes accurate and reliable?” As it migrates (transmits) to the United States (and other countries outside China), these genomes of this virus are evolved (or deformed). The same methodology is applied, and just the values of parameters are updated. The drug (or vaccine) is coming in days in for Americans.

In 2014, the Ebola (virus) outbreak was resolved astoundingly- very simple, with the theory of immunotherapy: Antibodies of the recovered patient guide the sick person’s immune systems in striding those antigens (tumors).

Here is an excerpt of my writing in an article at LinkedIn:

patient guide the sick person’s immune systems in striding those ant “A Vietnamese Dallas Nurse, Ms. Nina Pham is infected with Ebola virus while taking care of the patient. It is noteworthy that we use the plasma (blood) of a patient [Dr. Kent Brantley] recovered from this disease to stimulate her immune system when we don’t know the structure of this virus, or make its antibody. The flu vaccine, we use now, is fertilized and raised in chicken eggs. Nina Pham has escaped the disease and has been met with President Obama at the White House.”

My referral to cancer arose as the author has explained in a very unique way:

Viral Activation of Immunity

“Immunity to viral infection is caused by a variety of specific and nonspecific mechanisms. The activation of different immune functions and the duration and magnitude of the immune response depend on how the virus interacts with host cells (on whether it is a cytolysis, steady-state, latent, and/or integrated infection) and on how the virus spreads (by local, primary hematogenous, secondary hematogenous, and/or nervous system spread). Therefore, viral antigens may be present in different parts of the body depending on the route of spread and phase of infection. Local infections at surfaces such as the mucosa can elicit local cell-mediated and humoral (IgA) immune responses, but not necessarily systemic immunity. The host has multiple immune defense functions that can eliminate virus and/or viral disease.”

Reference:

Chapter 50 Immune Defenses (Gary R. Klimpel)

Baron S, editor. Medical Microbiology. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996

The book was in printing in 1996 for its fourth edition. This definition is still valid.

In conclusion, I hope that this new name (or classification) opens to the doors of opportunities in searching for a treatment, not one!

Nashville, Tennessee

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